

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

109

PLACE OF DEATH AND USUAL RESIDENCE	1. PLACE OF DEATH A. COUNTY MARICOPA		B. LENGTH OF STAY IN THIS TOWN 26yrs IN ARIZONA 62yrs		2. USUAL RESIDENCE A. STATE ARIZONA		(WHERE DECEASED LIVED, IF INSTITUTION, RESIDENCE BEFORE ADMISSION) B. COUNTY MARICOPA	
	C. CITY OR TOWN PHOENIX		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN PHOENIX		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS	
	D. FULL NAME OF HOSPITAL OR INSTITUTION ST. JOSEPH HOSPITAL (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)				D. STREET (IF RURAL, GIVE LOCATION) ADDRESS 61 W EDMONT		E. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
PRECEDENT PERSONAL DATA	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) EARL B. (MIDDLE) B C. (LAST) WELKER			4. SEX M	B. COLOR OR RACE CAUC.	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) DIVORCED		
	6B. NAME OF SPOUSE - ****		7. DATE OF BIRTH MONTH 12 DAY 12 YEAR 1900	8. AGE (IN YEARS LAST BIRTHDAY) 62	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) GROCERMAN	
	9B. KIND OF BUSINESS OR INDUSTRY RETIRED	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) ARIZ.	11. CITIZEN OF WHAT COUNTRY? U.S.A.	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) NO (IF YES, WAR OR DATES OF SERVICE)		13. SOCIAL SECURITY NO. UK		
	14A. FATHER'S NAME WILLIAM B WELKER		14B. BIRTHPLACE (STATE OR COUNTRY) IDAHO		15A. MOTHER'S MAIDEN NAME MARY E. WANSLEE		15B. BIRTHPLACE (STATE OR COUNTRY) CA.	
RATIONS, AUTOPSY	16. INFORMANT'S SIGNATURE MARJORIE WILLIAMS PHX. ARIZ			ADDRESS		17. DATE OF DEATH (MONTH) 1 (DAY) 4 (YEAR) 62		
	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (A) Dissecting Abdominal Aneurysm DUE TO (B) Arteriosclerosis DUE TO (C) II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.				INTERVAL BETWEEN ONSET AND DEATH	
	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
MEDICAL CERTIFICATION	21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 1956 TO 1-4-62 THAT I LAST SAW THE DECEASED ALIVE ON 1/4/62 AND THAT DEATH OCCURRED AT 3 a M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.							
	22A. SIGNATURE James J. Lamm (DEGREE OR TITLE)			22B. ADDRESS			22C. DATE SIGNED	
DEATH DUE TO EXTERNAL VIOLENCE	23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE NATURAL (SPECIFY)		23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)			23C. (CITY OR TOWN) (COUNTY) (STATE)		
	23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY M		23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		23F. HOW DID INJURY OCCUR?			
CORONER'S CERTIFICATION	24A. CORONER'S SIGNATURE			24B. ADDRESS			24C. DATE SIGNED	
	25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		25B. DATE 1-8-62		25C. NAME OF CEMETERY OR CREMATORY Memory Lawn		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Phx. Ariz.	
GENERAL RECTOR AND REGISTRAR	26A. DATE REC. BY LOCAL REG. 1/8/62		26B. REGISTRAR'S SIGNATURE Camelia		27A. FUNERAL DIRECTOR'S SIGNATURE Val Clout		27B. ADDRESS Phx	
	28A. EMBALMER'S SIGNATURE Val Clout		28B. EMBALMER'S CERT. NO. 317					